

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

WALTER M. DICKIE, M.D., Director

Weekly



Bulletin

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GUY P. JONES
EDITOR

Swimming Pool—Dressing Rooms and Use of Showers*

By H. C. BROWN, M.D., Health Officer of San Jose.

Your chairman of the program committee has assigned to me the subject of "Dressing Rooms" in our round table discussion of Swimming Pools.

Taken alone the dressing room is the least important of any part of swimming pool sanitation. When coupled with showers and the way they are used by patrons of swimming pools it becomes a very important element in lowering and maintaining a low bacterial count, especially as it relates to B. coli.

DRESSING ROOMS

The prime requisites of dressing rooms are that they shall have: Size—Large enough to allow free and unhampered movements in dressing and undressing. Dimensions of at least 3 feet by 4 feet where no lockers are included in the dressing room. If lockers are included, 3½ feet by 4 feet should be the minimum.

Light and ventilation in dressing rooms should be ample. In many public pools, in order to guard against theft, the top of the rooms are covered with wire netting or lattice work. No lattice work should be allowed, as it interferes with proper lighting and ventilation.

Walls and partitions of all dressing rooms should be so constructed as to be free from open cracks and joints. They should be smooth and painted with a good sanitary waterproof paint, preferably of white color.

Floors of all dressing rooms should be constructed so as to be impervious to moisture with no open cracks or joints. There should be a pitch sloping to a proper

drain to permit of washing down with a hose. It is very important that the walls be built up from the floor at least eight inches in order to permit of proper flushing and cleaning.

Cleanliness of the dressing room is one of the essentials that is most neglected if not properly supervised. A good, liberal use of soap and water with the use of a vermifuge spray and disinfectant on seats, walls and floors at frequent intervals should be demanded.

USE OF SHOWERS

The use of showers should always be associated with thoughts of cleanliness. Maintaining clear, clean, sterile water in the pool is the object sought by all sanitary engineers. The proper use of the showers with cleanliness of the bathers before entering the pool is the greatest item in maintaining a low bacterial count. An ample supply of soap should be supplied at all times. In modern showers liquid soap is used almost exclusively.

Showers when in use should always be supervised by an attendant, who refuses admission to the pool of any patron who neglects to take a warm soap bath. This is absolutely necessary where any pool admits the general public and is used simultaneously by both men and women. In semi-public pools, such as schools, clubs, gymnasiums, etc., where instruction is given in swimming, bathing, personal and community hygiene, there is not the same necessity.

There are at present various types of pools. The pools that admit the general public and are used simultaneously by both men and women are of the

*Presented before the Health Officers' Section of the League of California Municipalities, Oakland, California, Oct. 9, 1929.

earlier architectural type with a single shower for every ten to twenty dressing rooms, and have poor light and ventilation. Pools of this kind are rapidly disappearing, owing to the lack of patronage.

We also have another type where one shower is provided for every two dressing rooms, and is situated conveniently between the two.

The type that is ideal, from the standpoint of cleanliness, is found in clubs and gymnasiums where the pool is limited exclusively to the male sex. Here the bathers are in the nude. The locker room is the dressing room, and the showers are located in one or two rooms with a battery of showers in sufficient numbers to accommodate the bathers. In a pool of this type, from the time of entrance until you have access to the pool, there is a continuous line of advance without any retracing of footsteps. There is usually a shallow foot bath with running water just before entering the swimming pool walk.

In presenting a paper with a time limit, it is impossible to enter into all the details, but I hope I have covered the essential points. We are living in a progressive age, with our cities growing by leaps and bounds. Our citizens are demanding all of the modern conveniences. In the last year or two they have become swimming-pool minded and are demanding clean, sanitary pools with the latest architectural designs and equipment. California, as in other respects, must be in the van and provide what its citizens demand.

CLAM AND MUSSEL QUARANTINES LIFTED

To All Health Officers:

Mussel and clam quarantine orders issued July 10, July 22, August 6, and August 9, 1929, are hereby rescinded. All health officers and food inspectors are authorized to remove all restrictions on the gathering and offering for sale of these shellfish.

Very truly yours,

W. M. DICKIE, M.D.,
Director of Public Health.

"Mental hygienists are stressing one great point, namely that in most cases of nervousness, in many cases of delinquency, in some cases of insanity, and in almost all cases of child behavior or conduct disorder, the trail leads back to the home and the parents. And this fact operates in just the same fashion and with as much vigor and frequency among families of the well-to-do as it does in the tenements."—George K. Pratt, M.D.

EXAMINE 13,000 CHILDREN OF PRESCHOOL AGE

Nearly 13,000 California children, who entered school for the first time this fall, were given physical examinations by the Bureau of Child Hygiene of the State Department of Public Health, in cooperation with the California Congress of Parents and Teachers. Most of these children live in the rural districts of the state, where organized facilities for child care are not available. Forty-eight counties of the state were covered in the campaign. Examinations were conducted by competent physicians, many of whom donated their services. The examining physicians noted the condition of the heart, lungs, eyes, ears, nose, throat, teeth and the weight and posture of the children. They recorded conditions which were necessary for correction and advised the parents to secure such corrections from local physicians before the child was permitted to enter school. The most commonly encountered defect was decayed teeth. The next most common defect encountered was diseased throat and nose. A large number of the children were found to be underweight and faulty posture was a commonly found defect.

The provision of physical examinations for children who are to enter school for the first time is productive of most beneficial results. The state is spending vast sums of money for the education of its children. Those who are unable to attend school because of poor physical condition constitute an economic waste involving the loss of large sums of money to the state. The correction of physical defects before entering school enables children to attend school without interruption and enables them to carry on their school work successfully, preventing future losses to the state through possible indigency through physical disability and also preventing the immediate wastage of large sums of school moneys. It is through the maintenance of high daily attendance and through uninterrupted attendance that school funds are conserved greatly.

"Poor posture" is a sign that the child needs a careful and complete medical examination to discover the underlying cause of poor posture. The "poor posture," like toothache, is really nature's warning that something is wrong and the child needs the physician's help to discover what that "something" is and to tell him how to correct it. When the cause is removed or corrected, the poor posture usually disappears. Treat the *child*, not the posture.

Some of the grotesque attitudes in which children sit or lie, have a real purpose back of them, for they relax the child's tired muscles and let him "rest up" most quickly.—LeRoy A. Wilkes, M.D.

KNOWLEDGE OF HYGIENE ESSENTIAL

Health News, published by the New York State Department of Health says: "Widespread fundamental knowledge of hygiene is necessary to insure public health progress. The writer has in mind two men, one a professor of Greek and Latin, the other a corporation lawyer, who, not so many years ago, took their children out of school because they did not believe in vaccination. Lack of intelligence could hardly be argued, but lack of a knowledge of the elementary principles of immunology could. Certainly we should teach in our schools more fundamental knowledge about the body, bacteriology, sanitation and the principles of healthful living. Study and effort must be applied by intelligent people in order to use knowledge to control conduct. No lesser price will purchase health. Appropriations of money are necessary but money alone can not bring understanding. All that public health science offers should be secured for the community and public health officers need the stimulation and moral support of an understanding appreciation. The enlightened health officer may propose a new life-saving measure, but unless the people understand and approve, his labor is seriously discounted.

There is no dogma, "ism," cult, formula or set of rules that points the sure way to health. The benefits of the progress of science may be effectively blocked by a public that does not understand."—Written after reading "A Formula for Health," by H. E. Kleinschmidt in October *Hygeia*.

"As there are persons who mend torn garments, so there are physicians who heal the sick; but your duty is far nobler, and one befitting a great man, viz., to keep the people in health."—Translation from Xenophon.

DR. TENENT IS STANISLAUS COUNTY HEALTH OFFICER

The board of supervisors of Stanislaus County established a full-time health unit recently and Dr. C. H. Tenent of Memphis, Tennessee, has been selected as county health officer. Stanislaus County is the thirteenth county of the state to establish its health department upon a full-time basis. The county has an estimated population of 64,000. Modesto, the county seat, is one of the most rapidly growing cities in the state. Other incorporated towns within the county are Turlock, Newman, Patterson, Ceres, Oakdale and Riverbank. Stanislaus County is in a rich agricultural section and offers an ideal field for unified public health administration.

DESIRE VERSUS ABILITY

"In every active, ambitious person there arises a conflict between what he wants to do and what he is able to do—between desire and ability. He wants a large salary or a large income from his business; his earning power may not be above the average. He wants a position of high rank; he may lack the necessary qualifications or have no means of attaining it. He wants fine clothes, an expensive automobile, and a luxurious home; he may not have sufficient wealth to obtain any of these things. He wants a mate of exceptional beauty and charm; he may be able to find no one who meets his expectations. In these and in many other ways he fails to satisfy his instinctive longings.

"His attitude in face of these disappointments is a test of his real worth. If he adopts the unwholesome habit of blaming others for his lack of success; if he becomes sullen and angry at every rebuff; if he seeks consolation by telling a hard-luck story to anyone who will lend a sympathetic ear; if he loses interest in his work and in his personal appearance; if he indulges in worry or daydreaming; if he retaliates for fancied insults or injuries—if he does any of these things—he will not only fail to meet the test but render himself less able to satisfy other desires. He may even undermine his mental health.

"On the other hand, if he meets disappointment with renewed courage and vigor; if he puts the ideal of service above the hope of reward; if he places a moderate estimate on his ability and strives cheerfully for the good things within his reach, he will gain strength and may gradually attain a mastery of himself and of his field of work that will yield much personal satisfaction and win for him adequate material rewards and a large measure of social esteem."—Dr. Horatio M. Pollock.

SEWAGE DISPOSAL PERMITS PENDING

The following applications for sewage disposal permits are pending before the State Board of Public Health, final action to be taken at the next meeting of the board to be held in State Office Building, Sacramento, December 7, 1929:

BOARD OF SUPERVISORS OF SANTA BARBARA COUNTY—Application for permit to reconstruct and operate the sewage disposal plant at Santa Barbara General Hospital, disposing of effluent into a drain ditch.

OJAI—Application for permit to construct additions to existing sewerage works and dispose of the effluent into San Antonio Creek.

MORBIDITY***Diphtheria.**

77 cases of diphtheria have been reported, as follows: Oakland 3, Fresno County 1, Los Angeles County 4, Alhambra 1, Glendale 3, Huntington Park 1, Long Beach 2, Los Angeles 22, San Gabriel 1, Santa Monica 1, Salinas 1, Calistoga 1, Napa 4, Orange County 1, Anaheim 1, Fullerton 1, Orange 1, Sacramento 1, San Diego 7, San Francisco 16, Tracy 1, Arroyo Grande 1, Tulare County 1, Sonora 1.

Measles.

65 cases of measles have been reported, as follows: Berkeley 2, Oakland 3, Los Angeles County 1, Glendale 1, Long Beach 2, Los Angeles 3, Lynwood 1, Anaheim 2, San Diego 1, San Francisco 42, San Joaquin County 6, Tehama County 1.

Smallpox.

18 cases of smallpox have been reported, as follows: Oakland 1, Los Angeles County 2, Pomona 5, Salinas 2, Roseville 1, San Francisco 2, San Luis Obispo County 1, San Luis Obispo 1, Santa Clara 3.

Whooping Cough.

121 cases of whooping cough have been reported, as follows: Alameda 2, Oakland 3, Piedmont 2, Contra Costa County 2, Richmond 1, Crescent City 39, Fresno 2, Bakersfield 1, Los Angeles County 6, El Monte 2, Long Beach 1, Los Angeles 20, Orange County 1, Anaheim 5, Huntington Beach 8, Sacramento 1, San Diego County 2, San Diego 7, San Francisco 8, Stockton 1, San Jose 1, Ventura 6.

Scarlet Fever.

179 cases of scarlet fever have been reported, as follows: Alameda County 2, Berkeley 2, Livermore 1, Oakland 10, Piedmont 2, San Leandro 3, Contra Costa County 2, Pittsburg 4, Placerville 2, Fresno County 12, Fresno 4, Glenn County 2, Humboldt County 3, Kern County 7, Kings County 1, Los Angeles County 10, Culver City 1, Glendale 1, Huntington Park 1, Long Beach 3, Los Angeles 29, San Fernando 1, Madera County 1, Marin County 5, Merced County 2, Salinas 10, Orange County 1, Anaheim 2, Huntington Beach 3, Sacramento 7, San Diego County 2, National City 4, San Diego 1, San Francisco 20, San Joaquin County 6, Lodi 1, Manteca 1, Stockton 1, Arroyo Grande 1, San Jose 5, Mt. Shasta 1, Red Bluff 2.

Typhoid Fever.

12 cases of typhoid fever have been reported, as follows: Los Angeles County 1, Whittier 2, Merced County 1, Orange County 1, Riverside 5, San Diego 1, San Francisco 1.

Meningitis (Epidemic).

2 cases of epidemic meningitis have been reported, as follows: Fresno 1, Vacaville 1.

Poliomyelitis.

3 cases of poliomyelitis have been reported, as follows: Oakland 1, Pasadena 1, San Diego 1.

Undulant Fever.

5 cases of undulant fever have been reported, as follows: Oakland 4, San Luis Obispo 1.

*From reports received November 12th for the week ending November 9th.

COMMUNICABLE DISEASE REPORTS

Disease	1929				1928			
	Week ending			Reports for week ending Nov. 9 received by Nov. 12	Week ending			Reports for week ending Nov. 10 received by Nov. 14
	Oct. 19	Oct. 26	Nov. 2		Oct. 20	Oct. 27	Nov. 3	
Actinomycosis	0	0	0	0	1	0	0	0
Anthrax	0	1	0	0	0	1	0	0
Chickenpox	205	180	199	219	169	154	203	187
Coccidioidal Granuloma	2	0	1	0	0	0	1	0
Diphtheria	68	79	60	77	90	103	104	106
Dysentery (Amoebic)	1	1	0	3	0	1	1	0
Dysentery (Bacillary)	1	2	1	1	1	2	1	0
Encephalitis (Epidemic)	0	0	1	1	5	0	1	0
Erysipelas	14	8	15	9	9	14	10	0
Food Poisoning	2	0	3	0	13	3	0	0
German Measles	10	12	10	9	10	15	10	12
Gonococcus Infection	146	132	105	125	90	121	104	140
Hookworm	1	0	0	0	0	0	0	0
Infuenza	26	32	25	56	171	1,557	2,456	2,596
Leprosy	1	0	1	0	0	0	0	0
Malaria	2	5	5	0	1	5	3	0
Measles	54	42	64	65	27	15	15	16
Meningitis (Epidemic)	10	6	4	2	0	5	4	1
Mumps	186	289	261	267	200	154	214	193
Ophthalmia Neonatorum	0	1	1	0	0	0	0	0
Paratyphoid Fever	0	0	1	0	1	1	0	1
Pellagra	2	0	4	1	1	0	0	0
Pneumonia (Lobar)	43	28	29	45	34	60	50	68
Poliomyelitis	5	0	1	3	1	7	6	2
Rabies (Animal)	18	15	5	11	12	14	13	13
Scarlet Fever	157	151	237	179	140	184	190	198
Smallpox	24	37	22	18	27	17	6	30
Syphilis	131	170	260	91	121	229	130	206
Tetanus	1	0	0	0	0	1	1	1
Trachoma	1	0	1	3	3	3	7	2
Tuberculosis	0	0	0	0	0	1	0	0
Tuberculosis	218	181	180	162	208	264	218	139
Typhoid Fever	12	10	15	12	15	15	12	6
Undulant Fever	2	2	1	5	0	0	1	0
Whooping cough	109	72	82	121	169	170	202	147
Totals	1,452	1,456	1,589	1,485	1,519	3,116	3,962	4,064

Whooping cough jumped up to 121 cases reported last week.

Scarlet fever is staging a short increase in its prevalence.

Five cases of undulant fever were reported.

Chickenpox and mumps are still running high.